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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 27 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F31214

(2)

RBB MANAGEMENT AND CONSULTING, INC.

Principal Place of Business Mailing Address RT. 2. BOX 44 RT. 2. BOX 44 EAST PALATA FL 32131-8937 EAST PALATA FL 32131 3. Date Incorporated or Qualified 3a. Date of Last Report 04/16/1981 04/23/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-208 1949 Not Applicable 26 Suite, Apt. #, ctc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Ζφ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BUNTON, RAYMOND B. RT. 2, BOX 44 82 Street Address (P.O. Box Number is Not Acceptable) EAST PALATKA, FL 83 PALATKA FL 32131 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) qualities typical or prestod name of rogisters I agent and title if applicable OFFICERS AND DIRECTORS (96/6) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 DELETE Change Addition 1.1 TITLE THEF BUNTON, RAYMOND B, JR 1.2 NAME MAME RT. 2, BOX 44 1.3 STREET ADDRESS STREET ADDRESS EAST PALAKAK FL 1.4 CITY - ST - ZIP CIN-ST-ZiP DELETE Change Addition 21 TITLE THE BUNTON, RUBY R. 2.2 NAME NAME RT. 2, BOX 44 STREET ADDRESS 2.3 STREET ADDRESS CHY-S1-ZiP Palatka fl 2.4 CITY-ST-ZIP DELETE Change Addition III. F STD 31 TITLE BUNTON, RAYMOND B 32 NAME RT. 2, BOX 44 STREET ADDRESS 3.3 STREET ADDRESS PALATKA, FL 00000 3 4. CITY-ST-ZIP 017-51-72 Change DELETE Addition 4.1 TITLE Juli 8 4. 2 NAME NAME 4.3 STREET ADDRESS STEEL ADDRESS 4.4 CITY - ST- ZIP City-St ZIP DELETE Change Addition 5.1 TITLE TPLE 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS 5.4 CITY - ST - ZIP CHY-SI-ZIE DELETE Change Addition 613/JLE TIFLE 6.2 NAME NAM STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST- ZIP

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementar annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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